

WAIVER QUESTION AND ANSWER

February 24, 2006

TOPIC	QUESTION	RESPONSE
Transition from CBS to the CAP waiver	When transferring CBS consumers to the CAP waiver are we only transferring the amount of CBS they received.	During this emergency period prior to March 20, individuals moving onto the waiver should be cross walked as closely as possible to what they are currently receiving with CBS. For example, if they receive 20 hours of CBS and live at home they could receive 20 hours of HCS or 10 hours of HCS and 10 of PC whichever meets their needs. If they live in a licensed residential setting they may receive Residential Supports at the level appropriate to meet their needs. A full person centered Plan of Care must be developed by July 20 at which time additional supports as needed may be added.
Transition from CBS to CAP waiver	It is my understanding that as an LME, we should review the evaluation information that is sent to us and only forward that information to the designated Developmental Center if we believe that the information indicates potential eligibility for ICF-MR LOC.	The developmental center clinical staff will make final determination of ICF-MR level of care; the LME can only make a determination of potential eligibility based on information provided and then submit that information to the developmental center. If the LME has inadequate information (lack of a valid psychological evaluation addressing the person's cognitive and adaptive functioning) the case manager should be contacted to provide that information. However, if the valid psychological is present but the LME questions eligibility, it should be submitted with the packet to the developmental center for determination of ICF-MR level of care.
Transition from CBS to CAP waiver	Do we need a cognitive evaluation if the disability presenting is cerebral palsy (CP) or muscular dystrophy (MD)? If the child is in regular class at school and it's not a presenting area of need, would you accept the orthopedist or neurologist note instead to support the CP or MD diagnosis?	The fact that a physician states that a person has CP or MD is not enough. The mere presence of CP or MD is not sufficient to establish the person's eligibility for ICF-MR level of care. We need to determine that their adaptive functioning and their need for active treatment is similar to that of a person with mental retardation who qualifies for ICF-MR level of care. Having a psychologist address the cognitive functioning in this case is not needed for establishing mental

WAIVER QUESTION AND ANSWER

February 24, 2006

		retardation, it is needed to help determine if the person requires active treatment.
Transition from CBS to CAP waiver	Someone has been referred by the Case Manager to the LME and is coming off of CBS. If the person is eligible for CAP are we obligated to send his referral on to the developmental center for prior approval? Can we determine locally that he would be better served by one of the other services such as Community Supports, Personal Care, or Developmental Therapy?	You are encouraged to review again the Feb. 2 memo. The strategies were provided in "preferred order". Therefore, if an individual is not currently receiving CAP-MR/DD services but appears to meet the ICF-MR level of care, the MR2 and supporting documentation must be processed. LMEs should move ahead in processing MR2s based on their allocations, and continue to make the Division aware of additional allocation needed. The Division is reviewing these requests on a daily basis and will provide additional information and guidance.
Transition from CBS to CAP Waiver	If the LME decides that the individual may not meet ICF-MR level of care must they submit the MR2 packet to Murdoch?	The LME does not have the authorization to make final determination of level of care. Although the MR2 and supporting documentation should be reviewed carefully, if the potential eligibility is questioned the packet should be forwarded to the appropriate developmental center for final determination.
Transition from CBS to CAP Waiver	Our case managers are saying that they have consumers who have no psychological evaluation in their file and they cannot access a psychologist to provide the evaluation. What are we to do?	Individuals who are receiving CBS currently and have been identified as an individual with a developmental disability, should have supporting documentation within their record to support the need for current services. The Division has waived all timeframe requirements on psychologicals during this transition time, thus allowing for an old psychological to be submitted. LMEs must work with case management agencies in identifying resources to insure that a psychological is completed. It may be necessary for an LME to collaborate with another LME that has been able to identify resources. The issue of identifying resources to insure that individuals with developmental disabilities have access to needed assessment is

WAIVER QUESTION AND ANSWER

February 24, 2006

		one that will be ongoing and LMEs must be working to develop that capacity.
Transition from CBS to CAP Waiver	Our LME is waiting to notify families until the Division provides us with a template on what to say but we have not yet received that letter. When will notification templates be available?	Notice information is expected to be provided soon. In the meantime, LMEs and case managers should be working with consumers/legally responsible persons on transitioning individuals from CBS based on the Feb. 2 memo.
Diagnostic Assessment	<p>Is a person who is already on the waiver or receiving CM required to have a diagnostic assessment when the new service definitions go into effect?</p> <p>For folks coming into service, is a diagnostic assessment required if there are existing evaluations to support their diagnosis and service needs?</p> <p>Is a diagnostic assessment required annually or just available annually?</p>	Individuals already on the waiver will not need a Diagnostic Assessment. There is also not a requirement that they have this at annual review since there may not be the need. If they are already in the system, the assumption is that they have been through a thorough assessment process. For new folks coming into the system a Diagnostic Assessment would be required.
Crisis Services	Is there still a requirement that a psychologist or psychiatrist sign off when Crisis Services provided under the waiver are needed?	In order to expedite services for a person in crisis, the waiver allows for the service to be ordered initially by the case manager. However, the service must then be approved or denied by local approval within 3 days of inception of service. It is not a requirement that a psychologist or psychiatrist order the service. Any plan that involves the use of restrictive interventions must be written by a psychologist or psychiatrist and approved by the client's rights committee.
Supported Employment	Must individuals who were previously receiving Supported Employment services under the old CAP waiver and continue to receive SE under the new waiver go through VR now in order to ensure that the service is not available to them under VR?	Individuals who have been receiving SE prior to implementation of the waiver do not need to go back through VR to secure documentation. Any new individuals brought into SE under the waiver would need to first go through VR to determine eligibility for VR services. (See Q & A dated 12-20-05.)

WAIVER QUESTION AND ANSWER

February 24, 2006

Third Level Reviews	When a plan is submitted for a third level review and denied, can the third level decision be overturned at the local level?	No. Therefore, any appeal of the decision would go directly to OAH since the LME cannot overturn the decision and it would be a conflict for the Division to review its own decision.
Legal Guardians as Providers	The CAP Manual states that waiver services can be provided by legal guardians of the person-since they are not financially responsible for the individual. What about guardians who are the full or general guardian? These types of guardians are also financially responsible for the individual. Please clarify.	There is a potential conflict of interest of legal guardians, at any level, in the role of decision maker for the ward in addition to being paid to provide waiver services. Therefore, criteria have been provided in the Manual to assist in determining appropriateness of legal guardians as paid providers. However, full or general guardians are not prohibited from providing services but must meet the criteria outlined in the Manual.
Question about Autism Spectrum Disorders	Some say that Autism is a mental health diagnosis, because it is on the Axis I and then there are others who believe it is a developmental disability diagnosis, even though it is on the Axis I. Can you provide clarification?	Many people think that individuals with an Axis I diagnosis are mentally ill while an Axis II diagnosis reflects only a developmental disability. In the multiaxial system of the DSM the axis on which a diagnosis falls does not address whether it is a mental illness or a developmental disability. Axis I classification simply means that the diagnosis reflects a clinical disorder and includes a variety of disorders such as sleep and eating disorders. The fact that Autism and many other disorders diagnosed during childhood such as Pervasive Developmental Disorder (PDD), Rhett's Syndrome, etc, are classified on the I Axis does not imply a mental illness. Autism is not considered a mental illness, but is a developmental disability. It is common for a person with high functioning Autism or Asperger's Disorder to have an Axis I listing with no Axis II or III diagnosis listed.
Endorsement of CAP providers	Since we are moving to endorsement of CAP providers, will it be required that annual implementation reviews continue?	Yes, until such time that the endorsement phase for CAP services begin, implementation reviews should continue.